

# HAMPTON INDUSTRIAL DEVELOPMENT AUTHORITY

## LOAN APPLICATION

1. ☐ Small/Minority Business Loan Program  
☐ Enterprise/Technology Zone Loan Program  
☐ Small/Minority Contractors Short-term Lending Program

Amount Requested  
\$

### 2. Tell Us About Yourself

Name (First, Middle Initial, Last)		Social Security Number	Date of Birth	Residential Status: <input type="checkbox"/> Live with Parents/Relatives <input type="checkbox"/> Homeowner <input type="checkbox"/> Rent <input type="checkbox"/> Other	
Current Address: Street		City	State	Zip	Date Moved to Address Month Year ( )
Home Phone Number					
Complete if Moved to Current Address Less Than 2 Years Ago:	Previous Address: Street		City	State	Zip
Date Moved to Previous Address Month Year					
Mortgage Holder or Landlord	Mortgage or Rent Payment \$ Per Month	Mortgage Balance (if Homeowner) \$		Estimated Value of Home \$	
Nearest Relative Not Living with You		Relationship to You		Home Phone Number ( )	
Current Employment Information	Employer Name			Current Position/Title	
<input type="checkbox"/> Employed	Date Started with Current Employer Month Year		No. of Yrs. in Current Profession	Work Phone Number ( )	
<input type="checkbox"/> Self-Employed	*Gross (Before Tax) Income Sources				
<input type="checkbox"/> Other	<input type="checkbox"/> Salary \$ _____ How Often? _____ <input type="checkbox"/> Bonus \$ _____ How Often? _____ <input type="checkbox"/> Commission \$ _____ How Often? _____ <input type="checkbox"/> Other Sources \$ _____ How Often? _____ Specify Sources _____				

\*Notice: Alimony, child support, or separate maintenance need not be revealed if you do not want it considered as a basis for repaying this obligation.

### 3. Tell us about the co-applicant, if this is a joint application.

Co-Applicant Name (First, Middle Initial, Last)		Social Security Number	Date of Birth	Home Phone Number	
Current Address: Street		City	State	Zip	Date Moved to Address Month Year ( )
Home Phone Number					
Complete if Moved to Current Address Less Than 2 Years Ago:	Previous Address: Street		City	State	Zip
Date Moved to Previous Address Month Year					
Mortgage Holder or Landlord	Mortgage or Rent Payment \$ Per Month	Mortgage Balance (if Homeowner) \$		Estimated Value of Home \$	
Nearest Relative Not Living with You		Relationship to You		Home Phone Number ( )	
Current Employment Information	Employer Name			Current Position/Title	
<input type="checkbox"/> Employed	Date Started with Current Employer Month Year		No. of Yrs. in Current Profession	Work Phone Number ( )	
<input type="checkbox"/> Self-Employed	*Gross (Before Tax) Income Sources				
<input type="checkbox"/> Other	<input type="checkbox"/> Salary \$ _____ How Often? _____ <input type="checkbox"/> Bonus \$ _____ How Often? _____ <input type="checkbox"/> Commission \$ _____ How Often? _____ <input type="checkbox"/> Other Sources \$ _____ How Often? _____ Specify Sources _____				

\*Notice: Alimony, child support, or separate maintenance need not be revealed if you do not want it considered as a basis for repaying this obligation.

### 4. Tell us about your bank accounts. Also include those of the co-applicant, if this is a joint application. (Attach an additional sheet if necessary).

Account Type	Bank Name (Financial Institution Only)	Current Balance	Account Ownership	
<input type="checkbox"/> Checking		\$	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint
<input type="checkbox"/> Savings		\$	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint
<input type="checkbox"/> CD, IRA, or Other		\$	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint

**5. Tell us about your debts. Also include those of the co-applicant, if this is a joint application. (Attach an additional sheet if necessary).**

Name of Company You Owe	Type of Debt You Owe (Credit Card, Credit Line Loan, Mortgage, etc.)	Current Balance Outstanding	Credit Limit or Original Loan Amount	Minimum Monthly Payment	Indicate if Owed Individually (I) Or Jointly (J)	Check ( ) if Paying Off with This Credit Request
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		

**6. My/Our Total Assets \$ \_\_\_\_\_ minus Total Debts \$ \_\_\_\_\_ equals Net Worth \$ \_\_\_\_\_**

**7. Tell us about any Real Estate you are offering as collateral OR if proceeds of loan will be used for Building Improvement purpose, if applicable.**

Collateral

Address: Street City State County Zip

Year Built No. of Units Current Property Owner(s)

Purchase Price Estimated Value Purchase Date  
\$ \$

Current Mortgage Holder Current Mortgage Balance  
\$

Proposed Monthly Housing Payments Interest Rate Requested  
\$

Occupancy Status of the dwelling securing the loan or the dwelling being improved (if unsecured or secured by other collateral):

- ☐ Primary Residence (1) ☐ Not Owner Occupied as Primary Residence ☐ Multi-Family Dwelling  
(second home, vacation home, rental property, etc.) (2) (5 or more unites) (3)

If this is a home improvement loan which is **not** secured by a dwelling, list the address of the property being improved.

Street City State County Zip

**8. Tell us about the Vehicle, Boat, or Mobile Home you are offering as collateral, if applicable.**

Year Make and Model Vehicle Mileage Vehicle Options Boat Type  
☐ Power ☐ Sail

Boat Size Boat Engine Make Engine HP Engine Type  
☐ Outboard ☐ Inboard ☐ Inboard/Outboard

Mobile Home Type Is mobile home or boat your primary residence?  
☐ Single Wide ☐ Double Wide ☐ Yes ☐ No

Will the mobile home be permanently affixed to land? ☐ Yes ☐ No Do you own the land where it will be placed? ☐ Yes ☐ No

List the location where the mobile home will be placed  
Street City State County Zip

If purchasing the vehicle, boat, or mobile home, name of owner purchasing from Purchase Price  
\$

**9. Tell us about the Stocks, Bonds, Mutual Funds, Savings, or CD you are offering as collateral, if applicable.**

Stock, Bond or Mutual Fund Name Number of Stock Shares Value per Share of Stock Value of Mutual Funds Face Value of Bonds  
\$ \$ \$

CUSIP Numbers

Where Stock Traded Bond Type ☐ Corporate ☐ U.S. Government Agency  
☐ NYSE ☐ AMEX ☐ NASDAQ (OTC) ☐ Other ☐ State, County, or Municipal ☐ U.S. Treasury

☐ Savings Account Bank Name Account Number Amount  
\$

☐ CD Bank Name Account Number Amount  
\$

**10. Tell us about Other Collateral you are offering, if applicable.**

☐ Aircraft      ☐ Camper/Recreational Vehicle      ☐ Equipment (describe) \_\_\_\_\_ ☐ Other (describe) \_\_\_\_\_

**11. Tell us about your business**

☐ Sole-Proprietor      ☐ General Partnership      ☐ Limited Partnership      ☐ Corporation      ☐ "S" Corporation  
☐ Other \_\_\_\_\_

**Miscellaneous: (Please Answer These Questions About Your Financial Record.**

If the Answer To Any Question is Yes, Please Provide Details as an Attachment)

Does Any Customer or Supplier Currently Account For More Than 20% of Your Business? ☐ Yes      ☐ No

Have You The Applicant Ever Declared Bankruptcy Or Had Any Judgments, Repossessions,  
Garnishments Or Other Legal Proceeding Filed Against You? ☐ Yes      ☐ No

Have You Ever Obtained Credit Under Another Name? ☐ Yes      ☐ No

Are Any Tax Obligations, Including Payroll Taxes, Past Due? ☐ Yes      ☐ No

Are You Liable On Debts Not Shown, Including Any Contingent Liabilities Such As Leases? ☐ Yes      ☐ No

Are You Currently A Defendant in Any Suit or Legal Action? ☐ Yes      ☐ No

Comments:

---

**Authorization**

Everything that I (we) have stated in this application is correct to the best of my (our) knowledge. I (we) understand that you will retain this application whether or not it is approved. You are authorized to check my (our) credit and employment history and to answer questions about your credit experience with me (us). You are also authorized to furnish to Hampton Industrial Development Authority information which I (we) have provided to you and information regarding my (our) accounts.

If Applicant is an Individual:

If Applicant is a Corporation, Partnership, Etc.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_

By: Signature of Authorized Officer, Partner, Etc.

Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

---

**Please Make Five Copies of the Application and Attachments.**

**ATTACHMENT CHECK LIST**

- [ ] If you answered Yes to any question in Item 11, please attach explanation.
- [ ] Attach a copy of your Hampton Business License
- [ ] If your Business is **Less Than** Two Years Old
  - ☐ Business Plan
  - ☐ Cash Flow Analysis
  - ☐ Two Years Tax Returns
  - ☐ An itemized summary of how the loan proceeds are to be spent
- [ ] If your Business is **Two or More** Years Old
  - ☐ A description of the organizational structure and the products and/or services offered
  - ☐ Two Years Business Tax Returns
  - ☐ Cash Flow Analysis
  - ☐ An itemized summary of how the loan proceeds are to be spent
- [ ] Copy of Applicant's Resume
- [ ] \$15 Application Fee - made payable to the Hampton Industrial Development Authority

**Questions – Call City of Hampton Development Department at (757) 727-6237**